UNITED STATES BANKRUPTCY COURT Eastern District of Michigan

CORRECTED COVER SHEET FOR AMENDMENTS

CASE NAME: CASE NUMBER:		David L. Pichan Jo Ann Pichan 12-66246			
The	purpose	of this amendment is to:			
		Add creditors to schedule(s) How many? (Use second page of this form to list creditors added).			
		\$30.00 Amendment Fee. This fee is required whenever you add creditors to a case, delete creditors, change the amount of a debt or change the classification of a debt. The fee is not required when correcting addresses of previously listed creditors. It is not required when new schedules are filed in a converted case.			
		Correct the addresses of creditors already listed on the schedules and matrix previously filed. (Use second page of this form).			
	\boxtimes	Other: (Provide detail of Amendment) Amend Schedule F to reflect "Notice Only" to certain creditors and more accurately reflect liabilities of same. Claims are barred by statute of limitations and/or are otherwise not recoverable. File amended summary of schedules to reflect change.			
	\boxtimes	Amend Schedules. Schedules must be verified by the debtor(s).			
		Amend Matrix. Please do not send a matrix adding creditors to a case unless you also send the amended schedules. Do not send a new matrix to correct an address. Use the second page of this form. Pursuant to L.B.R. 1007-2 & 1009-1 an amendment to a matrix filed by a debtor without an attorney must have a complete paper copy attached to this form. Electronic filers must upload creditors to the ECF system.			
NOTE:		1009-1(b) requires the debtor to serve a copy of the amendment and the cover sheet for amendments trustee and all other entities affected by the amendment.			

CORRECTIONS AND ADDITIONS TO MAILING MATRIX

Use this section of the form to make corrections to the names and address of any creditors or parties in interest who are listed on the current matrix of the case.

NAME OF CREDITO	OR (As it now appears):	-NONE-		
			(Please print)	
Previous address:		Plea	se change to:	
Use this section of the f	form to IDENTIFY creditors	added to the cohed	ulos and matrix	
		added to the sched	ules and maurx.	
NAME OF CREDITO	OR (As it now appears):		(Please print)	
Address			(Trease print)	
NAME OF CREDITO	<u>OR</u> (As it now appears):			
Address			(Please print)	_
<u>F</u>	OR ADDITIONAL CHANG	GES COPY THIS	SHEET AND CONTINUE	
		Signature:	/s/ Dickron Bohikian	
			Dickron Bohikian	
			Name of Attorney 748 W. Grand River Ave. Brighton, MI 48116 810-494-7172	
			ecf@bohikianlaw.com	

I/We do hereby affirm under penalty of perjury that I/we have read the foregoing form, *Cover Sheet for Amendments*, and all pleadings and attachments thereto, and do hereby affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature: /s/ David L. Pichan

David L. Pichan
Name of Debtor

Signature: /s/Jo ann Pichan

Jo Ann Pichan

Name of Joint Debtor, if applicable